

**Self-Determination Workgroup
Meeting Minutes
11 October 2005**

Present: Paul Smith, Scott Roudabush, Krissie Summerhays, Lori Packard, Sara Brozovsky, Renee McCarvel, Chris Christiansen, Angie Pinna

Excused: Kenneth Ekong, Dustin Erekson

The meeting was initiated by having sharing hand-outs from John O'Brien's Essential Lifestyles planning on Communication.

Everyone shared the 7 indicators of self-determination they had identified as the most common from the surveys. Although there was consensus on many, there was a variety, which follows:

- 1 – Service Options
- 2 – Choices
- 3 – Knowledge/More power over when they come and what they do
- 4 – Relationships
- 5 – Communication
 - How and what does it mean, social skills
- 6 – Responsibility and Contribution
 - Volunteer, roles, individualism, recognize gifts and talents, staff honor that
- 7 – Respect
 - Choice, self-esteem, honored, control, privacy
- 8 – Education
 - Experience, stories, involvement, educate staff too
- 9 – Opportunities
 - Work, religion, relationships, live, do, money, activity, transportation
- 10 – Family Connections
- 11 – Community Connections
- 12 – Future goals
 - Realistic, achievable, follow-through
- 13 – Satisfaction
- 14 – Valued employment/education
- 15 – Medical needs
- 16 – Finances

From this list the group worked together to identify eight categories, based on those that were most common, and began to delineate what each of those areas encompasses. Most of the preceding areas were merged together or incorporated as part of one of the eight areas. It is recognized that there is often overlap between areas since many things are inter-related, and people's lives are cohesive, rather than categorized into silos.

Communication	Relationships	Opportunity/ Choice	Respect	Future/ Goals/ Having a life	Community/ Contribution	Rights/ Responsibilities	Health/ Safety/ Risk
How does the person communicate? What does it mean? What is their preference for how we communicate with them? Ask people about satisfaction/how do we know if they're satisfied?	Family Friends Significant Other Staff Amount/ Frequency (Programs do not substitute for relationships)	Employment	Control	Knowing what's available and knowing what you want	Volunteer	Money/Financial Fiscal	Allow people to fail with dignity
		Education	Relationships	Goals should be meaningful to the person, changeable, and be actively worked towards	Leadership	Free from abuse/neglect/exploitation	What issues affect your life
		Control	Understand what it means to the person	Part of community	Part of community	Medical	
		Religion	Privacy (Not all information shared is public)	Roles	Aware and informed	Abuse/neglect/exploitation	
		Money (for experience, life and services budget – keep it flexible)	Self-esteem	Social Capital	Accessibility (environmental adaptations)	Individualized risk assessment	
		Service Options (for all services, not just state/waivered services)	Empowerment	Meaningful activities	Amount/ Frequency	Human Rights Committees – People should have the chance to be present	
		Informed	Honored/valued/needed	Communication	Awareness of options and interests		
		Transportation	Educate staff (Provide them with the information and tools they need.)	Barriers	Individualized		
		Living arrangements					
		Awareness					
		Experience					

Prioritizing and grouping the general areas took most of the time. Some time was spent discussing what the final product should be.

Everyone present expects the end product to be a training or Train the Trainer, which would be accompanied by a manual or guide with expectations of what to accomplish with the training. It was mentioned that it should involve all stakeholders. The possibility of having two curricula was discussed; one that is more comprehensive and in depth for providers, and one that is more of an overview for the community. There was also discussion about sharing this with people coming off of the waiting list, so that they are more informed when they start receiving services. The logistics of how to do that was complicated, so it was suggested that people on the top of the waiting list could be identified, and the training/workshop could be shared with them. A hands-on piece was recommended. It was expressed that the training should be set to accommodate both large and small trainings.

It is expected that there will be an evaluation completed with each training. A copy of this would be included in any manual or guide, for consistency. All evaluations would be shared with the committee for review. This feedback would be used to determine if the training is meeting its objective and to make changes to the training. After an initial training, it is expected that there would be a follow-up, perhaps three months later.

It is anticipated that this workgroup would continue meeting on a quarterly basis, once the pilot phase of the training is completed, to review the evaluations and feedback, and determine how to modify, or maintain the training. The workgroup may also observe a sample of trainings conducted by people who completed the Train the Trainer to assess consistency in trainings and information being shared.

Other comments include determining how much time the training will take, one day, two days, together or overtime. Can the areas be broken out and trained separately after an overview on self-determination is done? Will the materials be able to be used by the person and provider as an assessment? Will it evolve into an evaluation or measurement? Is there accountability connected to this? Will it be linked to incentives? (Is that possible, if so, what type of incentive?)

The possibility of including an overview on self-determination in the Division's Guide to Services was mentioned. Another idea is to include information on the Division's website, possibly with a self-test. This would be accessible to any interested party.

Due to the limitations on time, the product and its logistics were not finalized. The next meeting will be dedicated to finalizing the product, timelines, purpose, etc.

Assignments:

ALL – Add sub-topics to the 8 main areas that will help to expound on the area

ALL – Come prepared to give input and finalize the processes of the training

Angie – Minutes

It is anticipated that the following meeting will finalize the training processes and meetings after that will involve workgroup members researching current tools, resources and practices related to each of the areas, and sharing them during the workgroup, and getting the training filled-out.

Once again, thanks to everyone for their time and input.

The next meeting is scheduled for **21 November 2005** from **11AM – 1PM**